

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025411

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 76

FILED JUN 19 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0850				
2 0850				
3				
4 0				
5 1				
6				
7 1				
8 1				
9 4200				
10				
11				
12 2-0				
13 1-0				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Fort Leonard Wood</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>12 Sibert Lane</b>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>B.</b> Last <b>Greene</b>		4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. <del>Married</del> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10 JUN 89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (last birthday) <b>73</b>
11a. FATHER'S NAME <b>Thomas Greene</b> <del>Deceased</del>		11b. MOTHER'S MAIDEN NAME <b>Elizabeth -</b> <del>Deceased</del>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes</b>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <b>Lottie Greene</b>	
17. INFORMANT <b>Lottie Greene</b>		Address <b>Waynesboro, Va.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC STANDSTILL</b> <del>ARTERIOSCLEROTIC HEART DISEASE</del> DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> <del>Coronary artery disease</del> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>OLD MYOCARDIAL INFARCTION</b>			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5 June 1963</b> to <b>6 June 1963</b> and last saw him alive on <b>6 June 1963</b> Death occurred at <b>5:18 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>Charles E. Greene Lt Col, M.C.</i> (Degree or title)		22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	
22c. DATE SIGNED <b>6 Jun 63</b>		22d. LOCATION (City, town, or county) <b>Rolla, Missouri</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>June 8, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Null Son Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6-7-63</b>	26. REGISTRAR'S SIGNATURE <i>Paul E. Null</i>

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.